

**TRANSMITTAL
FORM***(to be used for all correspondence after initial filing)*

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/821756 /	
	Filing Date	4/8/2004	
	First Named Inventor	Bradley E. Johanson	
	Art Unit	2151	
	Examiner Name	TIV, BACKHEAN	
Total Number of Pages in This Submission		Attorney Docket Number	S03-093/US

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawings	<input type="checkbox"/> After Allowance Comm. to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related papers	<input type="checkbox"/> Appeal Comm. to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Comm. to TC (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/Declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Corresp. Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other (Specified below)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Doc(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	Other: Request for Continued Examination	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

FIRM NAME	LUMEN PATENT FIRM, Inc.		
SIGNATURE	/ Trieu T. Mai / Reg.No. 61,354		
PRINTED NAME	Trieu T. Mai		
DATE	8/12/08	REGISTRATION NUMBER	61,354

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below:	
SIGNATURE	/ Simona Benjamin /
PRINTED NAME	Simona Benjamin
DATE	8/12/08

This collection of information is required by 37 CFR 1.51. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 USC 122 and 37 CFR 1.11 and 1.14.

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



**FEE TRANSMITTAL
for FY 2007**

	Application Number	10/821756	
	Filing Date	4/8/2004	
	First Named Inventor	Bradley E. Johanson	
	Art Unit	2151	
<input type="checkbox"/> Applicant claims small entity status. See CFR 1.27.	Examiner Name	TIV, BACKHEAN	
TOTAL AMOUNT OF PAYMENT	\$405	Attorney Docket Number	S03-093/US

METHOD OF PAYMENT (Check all that apply)

- ☐ A check or money order is enclosed to cover the filing fees.
☒ Payment by credit card. Form PTO-2038 is attached.

FEE CALCULATION

1. Basic Filing, Search and Examination Fees

Application Type:	Filing Fees		Search Fees		Examination Fees		Fees Paid (\$)
	Fee(\$)	Fee(\$) Small Entity	Fee(\$)	Fee(\$) Small Entity	Fee(\$)	Fee(\$) Small Entity	
Utility	310	155	510	255	210	105	\$0
Design	210	105	100	50	130	65	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

2. Excess Claims Fees

- 2.1 Each claim over 20 or for reissues, each claim over 20 and more than in the original patent \$50 (\$25 small entity)
2.2 Each independent claim over 3, or for reissues, each independent claim more than in the original patent \$200 (\$100 small entity)
2.3 Multiple dependent claims \$360 (\$180 small entity)

Total Claims	Threshold		Extra Claims	Fee (\$)	
22	- 22	=	0	X \$50 (\$25)	\$0
Indep. Claims	Threshold		Extra Claims	Fee (\$)	
2	- 3	=	0	X \$210 (\$105)	\$0
Multiple Dep. Claims				Fee (\$)	
<input type="checkbox"/>				\$370 (\$185)	

3. Application Size Fee

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof (round up to whole number). See USC 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Fee (\$)
- 100 =	/50 =	X \$260 (\$130)
		\$0

4. Other Fee(s)

Non-English specification (\$130 fee, no small entity discount) _____
Other: RCE Fee 405

SIGNATURE / Trieu T. Mai / Reg.No. 61,354			
PRINTED NAME	Trieu T. Mai	TELEPHONE	650-424-0100
DATE	8/12/08	REGISTRATION NUMBER	61,354

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 USC 122 and 37 CFR 1.11 and 1.14.

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